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CONFIRMATION NO. 6863

<b>SERIAL NUMBER</b> 10/091,759	<b>FILING OR 371(c) DATE</b> 03/05/2002 <b>RULE</b>	<b>CLASS</b> 564	<b>GROUP ART UNIT</b> 1621	<b>ATTORNEY DOCKET NO.</b> 41305/271123
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/273,454 03/05/2001 and claims benefit of 60/273,445 03/05/2001  
and claims benefit of 60/273,429 03/05/2001  
and claims benefit of 60/273,455 03/05/2001  
and claims benefit of 60/273,446 03/05/2001  
and claims benefit of 60/273,404 03/05/2001  
and claims benefit of 60/273,403 03/05/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/09/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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## TITLE

CARBOXAMIDE DERIVATIVES AS THERAPEUTIC AGENTS

<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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